

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> Town <i>Barons</i> County <i>Leopoldine</i>		MARYLAND			
Date of death 1993	Month <i>11</i>	Day <i>5</i>	Age <i>51</i>	Months <i>5</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Comard Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband <i>Samuel Maynard, Jr Barons</i>		<i>2</i>			
Father's Name <i>Georg Leecompt</i>		Father's Birthplace			
Mother's Maiden Name <i>Sofa Leecompt</i>		<i>92</i> Mother's Birthplace			
Name of person giving information <i>Blanchey Maynard</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronch Pneumonia</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>OT Manship</i>
	Address <i>Denton Maryland</i>
Accident or Suicide?	



Name
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Mott 13th

CERTIFICATE OF DEATH

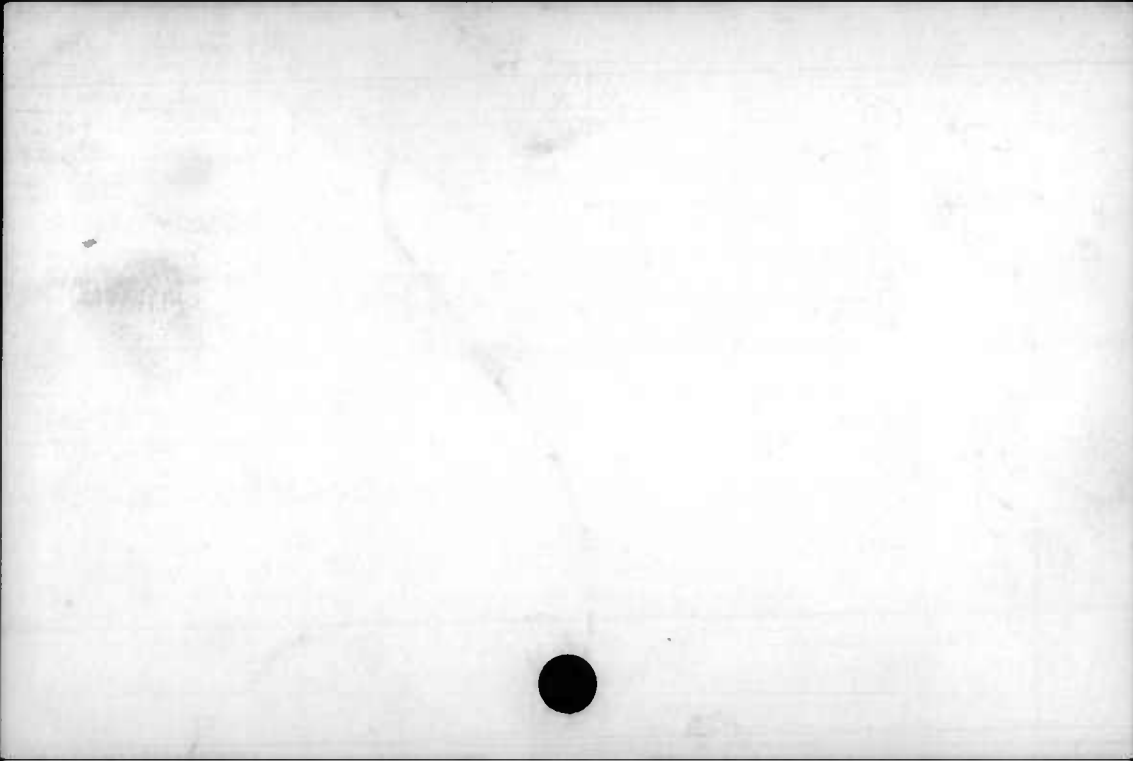
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Lumberville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>3</i>	Age <i>11</i>	Years <i>11</i>	Months Days
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth- place <i>Caroline Co Md</i>	
Married Single or Widowed			Occupation <i>---</i>		
Name of Wife or Husband					
Father's Name <i>Robert Berk</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Addie Berk</i>			Mother's Birthplace <i>Md</i>		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long
Immediate <i>Exhaustion</i>	How long <i>four weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert L. S. S. S.</i>
	Address <i>Sunderville Md</i>
Accident or Suicide?	



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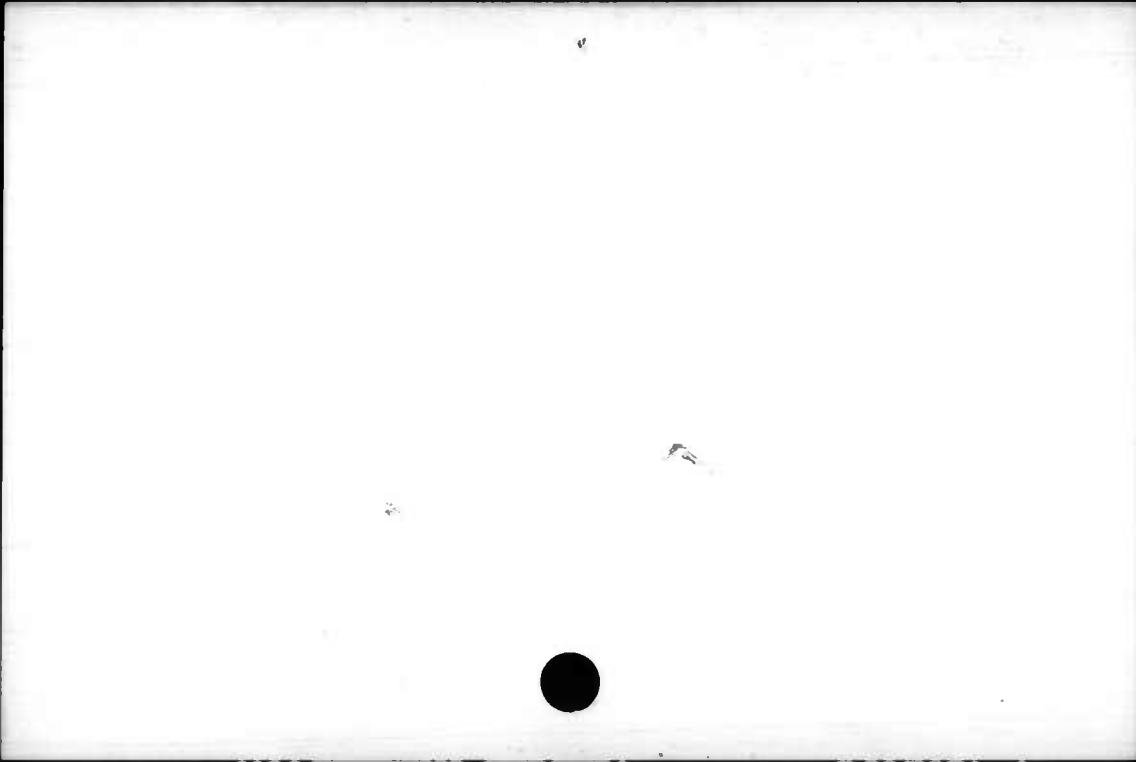
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Bradshaw</i>		Town <i>Thurs House</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>90</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Not known</i>				
Married, Single or Widowed				Occupation <i>Pauper</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old-age</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. A. C. Sherry</i>
	Address
Accident or Suicide?	



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Thos. George Clines-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		11	23		50	10	11
Sex		Color or Race		Birth-place			
Male		White		New York			
Occupation				Where Residing if not at place of death			
Farmer				near Ridgely			
Married, Single or Widowed		Name of Wife or Husband					
		Ella Shaffery					
Father's Name				Father's Birthplace			
Michael Clines				Ireland			
Mother's Maiden Name				Mother's Birthplace			
Eliza Grady				Ireland.			
Name of person giving Information				How related to deceased			
Bernard Clines				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Pachymeningitis</i>		18 months	
Immediate		How long	
<i>Cerebral hemorrhage</i>		immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. D. S. Stone	
		Address	
		Ridgely, Md.	
Accident or Suicide?			



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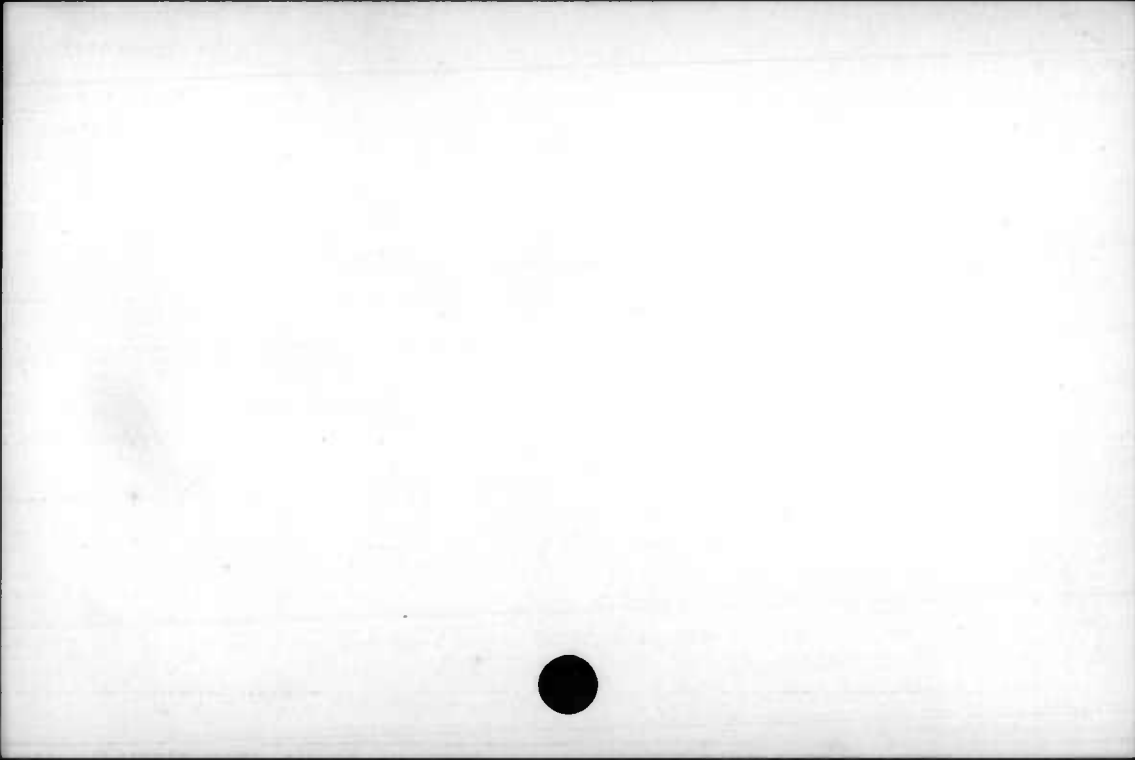
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stuns Horn</i> ^{Town}		<i>Garstine</i> ^{County}		MARYLAND	
Date of death 1903	Month	Day <i>12</i>	Age <i>91</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Native</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Blacksmith</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Henry Beck</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Faulstich</i>
	Address
Accident or Suicide?	



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Mrs Henry Hayes

CERTIFICATE OF DEATH

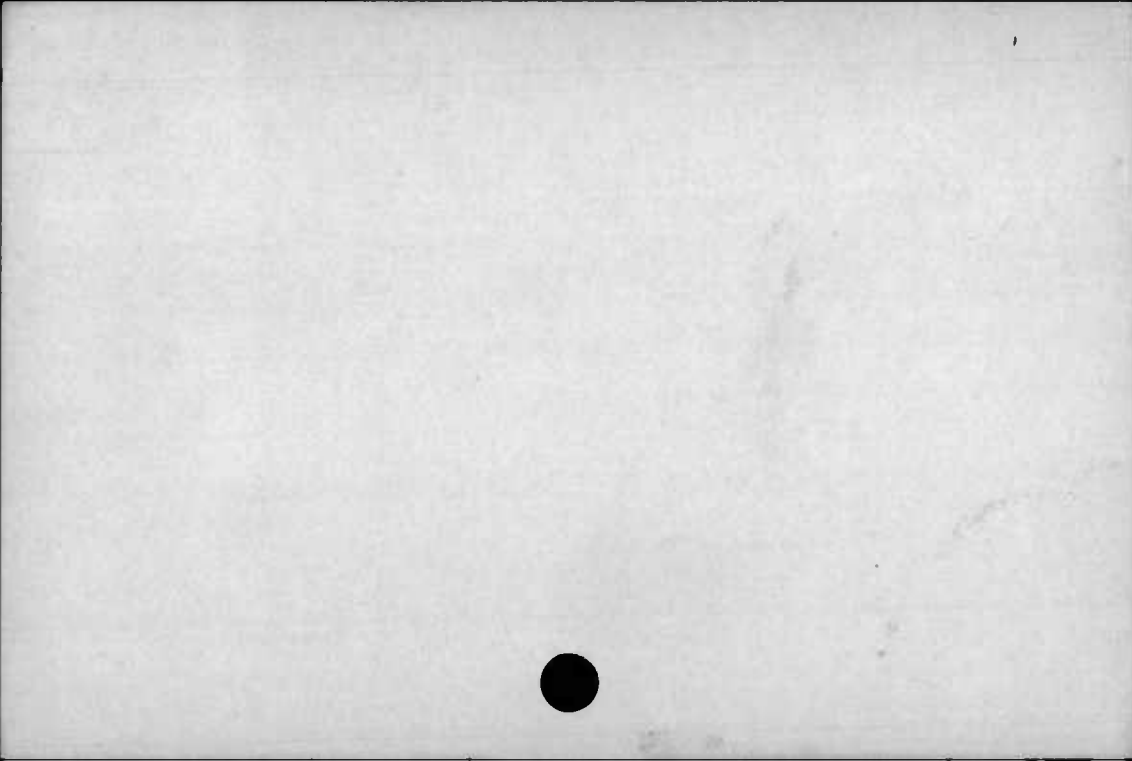
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galashboro</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Nov.</i> ^{Month}	<i>3</i> ^{Day}	Age <i>47</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Hayes</i>			
Father's Name <i>Not Known</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Henry Hayes</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. B. Rowe, M.D.</i>
	Address <i>Galashboro, Me.</i>
Accident or Suicide?	



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burrsville</u> Town		<u>Castlin</u> County		MARYLAND	
Date of death 190	<u>Apr</u> Month	<u>19</u> Day	Age <u>78</u> Years	<u>7</u> Months	<u>5</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Castlin Co</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u>Margaret Manship</u>					
Father's Name <u>-</u>			Father's Birthplace <u>67</u>		
Mother's Maiden Name <u>-</u>			Mother's Birthplace <u>67</u>		
Name of person giving information <u>Dr. Sanders</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Parenia</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Sanders</u>
	Address <u>Burrsville</u>
Accident or Suicide?	



Name
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Mrs. Anthony Pateman

CERTIFICATE OF DEATH

Died near Goldsboro^{Town} ^{County} Pearson

MARYLAND

Date of death 1903^{Month} Nov.^{Day} 11^{Age} 62^{Years} ^{Months} ^{Days}Sex Female^{Color or Race} Black^{Birth-place} StateOccupation Housewife^{Where Residing if not at place of death}Married, Single or Widowed Married^{Name of Wife or Husband} Anthony PatemanFather's Name Wm Morris^{Father's Birthplace} Not knownMother's Maiden Name Not known^{Mother's Birthplace} Not knownName of person giving information J. H. Morris^{How related to deceased} Son

CAUSES OF DEATH

Primary Chronic Nephritis^{How long} YearsImmediate Apoplexy^{How long} 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Ellen Parry
 Town Newton County Caroline

MARYLAND

Died at near Newton
 Date 19 03 Month Nov Day 27 Y. 71 M. 71 D. 71 Native of md Occupation Housewife
 Male White Married Widow Divorced Number of children living 7
 Female Colored Single Widower

Husband of Chas. H. Parry
 Wife of John Dillon Mother's 2
 Father's Name John Dillon Maiden Name 2

Cause of Phthisis How long sick 13 md
 Primary Phthisis
 Death Immediate Accident Suicide, Homicide

Reported by J. L. Hobbs
 Address Boston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md.

